

INDIVIDUAL DEVELOPMENT PLAN (IDP) Office of the Administrative Assistant		IDP YEAR (FY) (1 OCT - 30 SEP)	
		☐ INITIAL IDP ☐ REVISED IDP	

PRIVACY ACT STATEMENT

AUTHORITY: The Government Employees Training Act of 1958 (U.S. Code, Title 5, Section 4101 to 4118)

PRINCIPAL PURPOSE: The information is used to administer the Federal Training Program.

ROUTINE USES: To document the nomination of trainees and training completion.

DISCLOSURE: Voluntary. Failure to provide this information may result in ineligibility in training programs.

The IDP is drafted by the employee and annual rater to address training needs and career plans. It should be generated as requested by the Training Branch, in conjunction with the performance management review, and may be revised at any time. This tool can provide you with the opportunity to continuously improve in current job performance, opportunities for future career growth, and the ability to further contribute to the organization. This tool will be used as a basis for prioritizing the training funds available to you as an individual and to the organization as a whole. For that reason, a copy should be forwarded as requested to the Program Support Office.

SECTION A - EMPLOYEE INFORMATION

1. NAME	2. SERIES/GRADE	3. ORGANIZATION
4. POSITION TITLE	5. MENTOR NAME/ORGANIZATION <i>(If applicable)</i>	
6. SHORT TERM (1 YEAR) CAREER/DEVELOPMENT GOALS		
7. LONG TERM (3 YEAR) CAREER/DEVELOPMENT GOALS		

I realize that this IDP is an informal document designed to help me focus, communicate to my supervisor, and achieve my development objectives. I understand that the IDP is not a binding contract, either to the organization, my supervisor, or me.

8. EMPLOYEE SIGNATURE	9. DATE (YYYYMMDD)	10. REMARKS
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The career/development goals defined above are achievable and serve the interests of this organization. The IDP contained herein is approved. Approval signifies agreement to implement the plan to the extent that workload and funding allow. Any assignments postponed due to unusually heavy workload should be rescheduled for completion. The employee must apply through normal procedures for each training course/activity listed. Modifications to this IDP can be made to accommodate changing circumstances but must be approved by the supervisor.

12. TYPED NAME OF AUTHORIZING OFFICIAL <i>(Annual Rater)</i>	13. SIGNATURE	14. DATE (YYYYMMDD)
15. REMARKS		

NAME		SERIES/GRADE		ORGANIZATION			
SECTION B - TRAINING NEEDS							
COURSE CODE	COURSE, TITLE SOURCE, AND LOCATION	PRIORITY	ESTIMATED TRAVEL	ESTIMATED TUITION	HOURS	DATE PLANNED	PRIORITY TRAINING
*Planned Training: Priority 1 = Essential; Priority 2 = Needed; Priority 3 = Helpful Priority 1: Training that is typically a condition of employment, must be successfully completed within a specified time period, and meets one or more of the following criteria: - Employee must have for acceptable performance. - Training is essential for mission accomplishment. - Training is mandated by higher authority (law or Department of Defense) or is required for certification, health or safety reasons. - Training is mandated by the DCS, G-1 as an ACTEDS leader development core course. - Training is essential, functional intern training. Priority 2: Training must be needed for effective performance and to improve the quality of mission accomplishment. It is recommended that training mandated or specified in an approved training plan for enhancement of performance resulting in the improvement in the quality of mission accomplishment should be completed within a specified time period. Priority 3: This training is recommended for all individuals to improve or enhance knowledge, skills and abilities needed on the job.							
SECTION C - DEVELOPMENTAL OBJECTIVES AND PLANNED ACTIVITIES							
DEVELOPMENTAL OBJECTIVES (Knowledge, skills and abilities) (Please number)		PLANNED DEVELOPMENTAL ACTIVITIES				DATE PLANNED (YYYYMMDD)	
SECTION D - DEGREE INFORMATION							
DEGREE TYPE (Bachelor, Masters, etc.)	MAJOR AREA OF STUDY		SCHOOL		DATE OF COMPLETION (YYYYMMDD)		
SECTION E - CERTIFICATIONS AND MEMBERSHIPS (C/M) (In the event a C/M is not renewed, fill in the C/M and Date cancelled)							
C/M TYPE (MCSE, CCNA, CCIE, ASTD, etc.)	DATE RECEIVED (YYYYMMDD)		STATE		DATE CANCELLED (YYYYMMDD)		